Medi-Cal Managed Care Division

state of california

Medi-Cal Managed Care
External Quality Review Organization

Report of the

2005 Annual Review
Contra Costa Health Plan

Submitted by

Delmarva Foundation

October 2005

California Department of Health Services

Delmarva Foundation

Improving Healthcare in the Communities We Serve.

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2005 Annual Review: Contra Costa Health Plan

Introduction

The California Department of Health Services (DHS) is charged with the responsibility of evaluating the quality of care provided to Medi-Cal recipients enrolled in contracted Medi-Cal managed care plans. To ensure that the care provided meets acceptable standards for quality, access, and timeliness, DHS has contracted with the Delmarva Foundation for Medical Care, Inc. (Delmarva) to serve as the External Quality Review Organization (EQRO).

Following federal requirements for an annual assessment, as set forth in the Balanced Budget Act of 1997 and federal EQRO regulations, Delmarva has conducted a comprehensive review of Contra Costa Health Plan (CCHP) to assess the plan's performance relative to the quality of care, timeliness of services, and accessibility of services.

For purposes of assessment, Delmarva has adopted the following definitions:

- Quality, stated in the federal regulations as it pertains to external quality review, is defined as "the degree to which an MCO or PIHP increases the likelihood of desired health outcomes of its recipients through its structural and operational characteristics and through the provision of health services that are consistent with current professional knowledge" ("Final Rule: External Quality Review", 2003).

- Access (or accessibility) as defined by the National Committee for Quality Assurance (NCQA), is the "timeliness in which an organization member can obtain available services. The organization must be able to ensure accessibility of routine and regular care and urgent and after-hours care" ("Standards and Guidelines", 2003).

- Timeliness as it relates to Utilization Management (UM) decisions is defined by NCQA as when "the organization makes utilization decisions in a timely manner to accommodate the clinical urgency of the situation. The intent is that organizations make utilization decisions in a timely manner to minimize any disruption in the provision of health care" ("Standards and Guidelines", 2003). An additional definition of timeliness given in the National Health Care Quality Report "refers to obtaining needed care and minimizing unnecessary delays in getting that care" ("Envisioning the National Health Care", 2001).

Although Delmarva's task is to assess how well CCHP performs in the areas of quality, access, and timeliness it is important to note the interdependence of these three attributes. Therefore a measure or attribute identified in one of the categories of quality, access or timeliness may also be noted under either of the two other areas**.**

Methodology and Data Sources

Delmarva utilized four sets of data to evaluate Chip's performance. The data sets are as follows:

- 2004 Health Employer Data Information Set (HEDIS) is a nationally recognized set of performance measures developed by the National Committee for Quality Assurance (NCQA). These measures are used by health care purchasers to assess the quality and timeliness of care and service provision to members of managed care delivery systems.
- 2004 Consumer Assessment of Health Plan Satisfaction (CAHPS), Version, 3.0H is a nationally employed survey developed by NCQA. It is used to assess managed care members satisfaction with the quality, access and timeliness of care and services offered by managed care organizations. CAHPS offers a standardized methodology that allows potential managed care beneficiaries to compare health plans. This comparison is designed to help the potential beneficiary select a health plan that offers the quality and access to care compatible with their particular preferences.
- Summaries of plan-conducted Quality Improvement Projects (QIPs).
- Audit and Investigation (A&I) Medical Audits – conducted by the Audit and Investigation Division of DHS to assess compliance with contract requirements and State regulations.

Background on Contra Costa Health Plan

Contra Costa Health Plan (CCHP) is a full service, not for profit health plan contracted in Contra Costa county as a local initiative (LI) plan. The Plan has been licensed in accordance with the provisions of the Knox-Keene Health Care Service Plan Act since April 6, 1978. As of July 2003, CCHP's total Medi-Cal enrollment was 41,560 members.

During the HEDIS reporting year of 2004, CCHP collected data related to the following clinical indicators as an assessment of quality:

- Childhood Immunizations
- Breast Cancer Screening
- Cervical Cancer Screening
- Chlamydia Screening
- Use of Appropriate Medications for People with Asthma

To assess member satisfaction with care and services offered by CCHP, the CAHPS survey, version 3.0 H was fielded among a random sample of health plan beneficiaries. The survey was administered to adults and parents of children for whom CCHP provides insurance coverage. Within the sample of children selected is a subset population of children who are identified as having chronic care needs (CSHCN population). This population differentiation provides regulators and other interested parties an understanding regarding whether children with complex needs experience differences in obtaining care and services compared to children within the Medi-Cal population.

With respect to the Quality Improvement Projects, Contra Costa Health Plan submitted the following for review:

- Asthma Small Group Collaborative with Center for Health Care Strategies (CHCS)
- Adolescent Health- Improving the Rate of Well Care Visits
- Diabetes Collaborative- Improving Care to Members with Diabetes Using the Chronic Care Model

The health plan systems review for CCHP reflects joint findings assessed by DHS and the Department of Managed Health Care (DMHC). This review covers activities performed by the health plan from January 2003 to December 2003 and was conducted January 5 -8, 2004. This process includes document review, verification studies, and interviews with CCHP staff.

These activities assess compliance in the following areas:

- Utilization Management
- Continuity of Care
- Availability and Accessibility
- Member Rights
- Quality Management
- Administrative and Organizational Capacity

Delmarva also reviewed the results of a routine monitoring review conducted by the DHS Medi-Cal Managed Care Division, Plan Monitoring/Member Rights Branch. The focus of this review covers services provided from July – December 2002, was to assess how well member grievances and prior authorizations are processed and monitored. Additionally, Delmarva evaluated the cultural and linguistic services offered by CCHP, as well as its marketing practices.

Quality At A Glance

HEDIS®

The HEDIS areas assessed for clinical quality can be found on page three of this report. The table below shows the aggregated results obtained by CCHP.

Table 1: 2004 HEDIS Quality Measure Results for CCHP

HEDIS Measure	2004 CCHP Rate	Medi Cal Managed Care Weighted Average	2004 National Medicaid HEDIS Average
Childhood Immunization Status Combo 1	62.5%	64.7%	61.8%
Breast Cancer Screening	62.7%	53.1%	55.8%
Cervical Cancer Screening	68.6%	60.8%	63.8%
Chlamydia Screening in Women	37.5%	38.5%	45.0%
Use of Appropriate Medications for People with Asthma	60.9%	61.0%	64.2%

Contra Costa Health Plan exceeded the Medi-Cal managed care average for two HEDIS measures and fell below the Medi-Cal managed care average for three HEDIS measures. The "Childhood Immunization Status" measure result for CCHP exceeded the National Medicaid HEDIS average although it fell below the Medi-Cal managed care average. Contra Costa Health Plans' HEDIS results were more favorable compared to the National Medicaid HEDIS average.

CAHPS® 3.0 H

As can be expected, Medi-Cal enrollees' perceptions of the quality of care received are closely related to their satisfaction with providers and overall health care services. Therefore, the CAHPS survey also questioned parents of CCHP enrollees regarding their satisfaction with care. Also surveyed was a subset of the CCHP childhood population who has special health care needs. They are reflected by the CSCSN notation in the

table. The non-CSHCN reflects the parents' response for children in the CCHP population not identified as having chronic care needs.

Table 2. 2004 CAHPS Quality Measure Results for CCHP

CAHPS Measure	Population	2004 CCHP Rate	2004 Medi Cal Average
Getting Needed Care	Adult	65%	69%
	Child	83%	77%
	CSHCN	75%	N/A
	Non-CSHCN	83%	N/A
How Well Doctors Communicate	Adult	50%	51%
	Child	57%	52%
	CSHCN	60%	N/A
	Non-CSHCN	54%	N/A

CAHPS data reveals that the perception of getting needed care is more favorable for children as compared to adults. The CCHP child rate also exceeded the Medi-Cal managed care average (83% versus 77%). Also of note is that parents of children with chronic care conditions (CSHCN) report less satisfaction with "Getting Needed Care" than their Medi-Cal peers. The finding of lower satisfaction with this group highlights the need for CCHP's practitioner network's to enhance its sensitivity to the needs of this more vulnerable population.

Review of data indicating members' perception of "How Well Doctors Communicate" demonstrates that CCHP members perceive that there are opportunities for improvement in practitioner communication. The CCHP child rate for this measure exceeded the Medi-Cal managed care average by several percentage points (57% versus 52%). The finding that parents of the CSHCN population have a different rate of satisfaction with communication as parents of Medi-Cal children (60% versus 57%) leads to the belief that practitioners do differentiate in their communication style between the chronic care and general Medi-Cal population.

Quality Improvement Projects

In the area of Quality Improvement Projects (QIPs), CCHP used the quality process of identifying a problem relevant to their population, setting a measurement goal, obtaining a baseline measurement and performing targeted interventions aimed at improving the performance. However, after the re-measurement periods, qualitative analyses often identified new barriers that impacted Contra Costa's success in achieving its targeted goal. Thus, quality improvement is an ever evolving process that may not be actualized due to changes in the study environment from one measurement period to the next.

The following documentation represents a synopsis of each QIP activity performed by CCHP.

Adolescent Health Collaborative

Relevance:

- Standard of care for adolescents recommended by American Academy Pediatrics (AAP), the American Medical Association (AMA) and the U.S. Maternal and Child Health Bureau (MCH Bureau).

QIP Goal:

- To improve the rate of adolescents who receive a well care visit to a statistically significant rate over baseline as determined by administrative data.
- To improve the rate of adolescents who receive a well care visit to a statistically significant rate over baseline as determined by hybrid data collection.
- To have each adolescent member complete a "Quality of Care" survey.

Best Interventions:

- Revision of Preventive Health guidelines which are not currently in compliance with the AAP, AMA and MCH Bureau.
- Establish local referral resource network for adolescent health
- Reservation of special blocks of additional clinic appointments for adolescent well care visits.

QIP outcomes:

- Undetermined- Baseline measure

Attributes/barriers related to Outcomes:

- Barrier: Conflicting guidelines between recommendation and current practice recommendations from the Child Health Disability Program
- Barrier: Shortage of available appointment times for well visits
- Barrier: Differing views among providers regarding the necessity of routine well care visits for adolescents.

Asthma Collaborative

Relevance:

- Growing rate of emergency department visits and hospitalizations for children 18 years and younger as well as the concern regarding overuse of beta agonists in this age group.

QIP goals:

- Statistically significant decrease in asthma-related hospital admissions per year
- Statistically significant decrease in asthma-related hospitals days per year
- Statistically significant decrease in asthma-related emergency department visits per year
- Statistically significant decrease in asthma-related admissions for members with asthma
- Statistically significant decrease in asthma-related hospital days for members with asthma
- Statistically significant decrease in asthma-related visits for members with asthma
- Statistically significant increase in the use of appropriate medications for asthma
- Statistically significant decrease in the use of short acting beta agonists

Best Interventions:

- Staff training completed for 30 medical staff members in two Community Clinics including 12 community providers on disease processes and management of asthma with emphasis on preventive treatment for patients with moderate to severe asthma.
- Trained six community advocates to do in-home asthma trigger check ups.
- Standard action plan developed and distributed for review to five pediatric and adult providers including an Allergy Specialist.

QIP outcomes:

- Statistically significant decrease in annualized admission rate per 1000 member months
- Non-statistically significant decrease in asthma-related hospital days 1000 member months per year
- Statistically significant increase in the rate of ED visits per 1000 member months
- Non-statistically significant decrease in asthma-related hospital admissions for members with asthma
- Statistically significant decrease in asthma related hospital days per 1000 for members with asthma
- Non statistically significant increase in asthma related ED visits for members with asthma
- No significant change in the use of appropriate medications for asthma
- No significant change in the use of short acting beta agonists

Attributes/Barriers related to outcomes:

- Barrier: County-wide physician access problem which leads to increase in emergency department usage
- Barrier: Inappropriate knowledge of members regarding management of asthma exacerbation
- Barrier: Community practitioner lack of access to asthma resources and insufficient time for member education by staff

Diabetes Collaborative

Relevance:

- Ethnic diversity of the health plan population (60%) who are at increased risk for diabetes

- Health plan suboptimal performance regarding diabetes related measures which indicates opportunities for improvement.

QIP Goal:

- Increase the rate of members who have diabetes and receive HbA1C testing, LDL-C testing and retinal eye exams.
- Decrease the percentage of members with diabetes who have HbA1C levels > 9.0

Best Interventions:

- Promoted a handheld medical record card for diabetics
- Recruited physician champion for disease management
- Sent letters for Healthy Eating classes to targeted at risk members

Outcomes:

- Hemoglobin A1C levels: Demonstrated non statistically significant improvement from baseline;
- LDL levels: Demonstrated statistically significant improvement from baseline
- Diabetic Retinal Eye Exams: Demonstrated a decrease from baseline
- Control of HbA1C: No comparison data

Attributes/Barriers related to Outcomes:

- Barrier: few interventions directed at improving retinal eye screening
- Barrier: Promotion of diabetes education classes were addressed to only members with HbA1C greater than 9.0
- Barrier: Lack of technology (registry) to monitor the care provided to all members with diabetes.
- Barrier: Limited access to eye care professionals

Table 3 represents the Qualitative Results of each QIP.

Table 3: Quality Improvement Project Performance Results: CCHP

QIP Activity	Indicator	Baseline	Re measurement		
			#1	#2	#3
Asthma Collaborative	1. Asthma-related hospital admissions per year	2002: 3.8/1000	2003 3.3/1000		
	2. Asthma-related hospital days/year	11.0/1000	10.6/1000		
	3. Asthma-related ED visits /year	17/0/1000	17.8/1000		
	4. Asthma-related hospital admissions for members with asthma	5.38%	4.14%%		
	5. Asthma-related hospital days for members with asthma	17.75%	13.72%		
	6. Asthma-related ED visits for members with asthma	12.83%	14.55%		
	7. Use of appropriate medications for asthma	61.7%	60.87%		
	8. Utilization of short-acting Beta Agonists	19.6%	17.86%		
Adolescent Health Collaborative	1. % of adolescents with well care visits determined by administrative data only	2003 25.2%			
	2. % of adolescents with well care visits determined by hybrid methodology	31.1%			

QIP Activity	Indicator	Baseline	Re measurement		
			#1	#2	#3
Diabetes Collaborative	1. % members with diabetes who had HbA1C testing	2002 71.9%	2003 75/8%		
	2. % members with diabetes who had LDL-C testing	60.8%*	66.3%		
	3. % of members with diabetes who had retinal eye exams	32.6%	31.4%		
	4. Poor HbA1C Control	No data	73.2%		

Audit and Investigation (A&I) Findings

Delmarva reviewed the results of the joint audit performed by DHS and the Department of Managed Health Care (DHMC). Within the audit and investigation component of the quality review, CCHP was assessed specifically in the following areas:

Quality Management Review Requirements

- Qualified Providers
- Program Description and Structure
- Administrative Services
- Delegation of QIP Activities

Member's Rights

- Grievance Systems

Continuity of Care

- Coordination of Care: Within the Network
- Coordination of Care: Outside the Network/Special Arrangements
- Initial Health Assessment
- Referral Follow-Up Care System

CCHP was found to have opportunities for improvement in the areas of qualified providers, program description and structure, administrative services and delegation of QIPs. As well, opportunities for improvement were also identified related to grievance systems, coordination of care outside the network and for special arrangements and initial health assessment. CCHP submitted corrective action to address opportunities for improvement identified by the State.

Summary of Quality

In summary, CCHP demonstrates a quality-focused approach in administering care and services to its members. The plan demonstrates an integrated approach to working with its members, practitioners, providers and the internal health plan departments to improve overall healthcare quality and services. The health plan also focuses resources towards evaluating the interventions that provide the most benefit towards improvement needs.

Access At A Glance

Access to care and services has historically been a challenge for Med-Cal recipients enrolled in fee-for-service programs. One of the Medi-Cal Managed Care Division's (MMCD) goals is to adequately protect enrollee access to care. Access is an essential component of a quality-driven system of care. The findings in regard to access are displayed in the following sections.

HEDIS®

Looking at access from a HEDIS perspective, access and availability of care are addressed through the Prenatal and Postpartum Care HEDIS measure. Two rates are calculated for this measure; the timeliness of prenatal care and the completion of a postpartum check-up following delivery.

Table 4: 2004 HEDIS Access Measure Results for CCHP

HEDIS Measure	2004 CCHP Average Rate	Medi Cal Managed Care Weighted Average	2004 National Medicaid HEDIS Average
Timeliness of Prenatal Care	80.3%	75.7%	76.0%
Postpartum Check-up Following Delivery	50.9%	55.7%	55.2%

Contra Costa Health Plan scored above the Medi-Cal managed care average and the National Medicaid HEDIS average for the "Timeliness of Care" rate and scored below both comparison averages for the "Postpartum Check-up Following Delivery" rate. Postpartum care is impacted by the health plan's access to correct demographic information for outreach to postpartum members. These results demonstrate that there is potential for improvement pertaining to access.

CAHPS®

Member satisfaction scores related to access to services are addressed in a composite rating calculated as part of the CAHPS survey. This composite rating for "Getting Care Quickly" is used as a proxy measure for access and availability.

Table 5: 2004 CAHPS Access Measure Results for Contra Costa Health Plan

CAHPS Measure	Population	2004 CCHP Rate	Medi Cal Managed Care Average
Getting Care Quickly	Adult	28%	35%
	Child	39%	38%
	CSHCN	36%	N/A
	Non-CSHCN	37%	N/A

Findings from 2004 indicate that CCHP scored slightly above the Medi-Cal managed care average for children in this measure and scored below the average for adults. However of greater importance is the fact that children with chronic care needs (CSHCN) have slightly less satisfaction with access than CCHP's Medi-Cal children's population. When considered with the CAHPS quality assessment for getting care when needed, one can deduce that the complex care population is less satisfied with their ability to obtain routine care and when they perceive a more urgent need, they are not necessarily better able to obtain care compatible with their expectations. We can infer from these results that there may be opportunity for improvement in the area of access.

Quality Improvement Projects

Contra Costa Health Plan quality improvement projects all focused upon improvement of clinical indicators. However, within the barrier analyses for each project, potential access barriers were frequently identified. The identification of these access barriers is followed by interventions targeted to improve access. Several of the QIP activities identified access as a barrier in the performance of the qualitative analysis of their projects. Actions were then taken to ameliorate or when possible, eliminate the identified access barrier. For examples of access barriers identified, refer to the quality section discussion of QIP activities: attributes/barriers to outcomes.

Audit and Investigation (A&I) Findings

Delmarva reviewed the results of the joint audit performed by DHS and the Department of Managed Health Care (DHMC). Within the audit and investigation component of the quality review, CCHP was assessed specifically in the following areas:

- Quality Management Review Requirements
  - Qualified Providers
  - Program Description and Structure
  - Administrative Services
  - Delegation of QIP Activities
- Member's Rights
  - Grievance Systems
- Continuity of Care
  - Coordination of Care: Within the Network
  - Coordination of Care: Outside the Network/Special Arrangements
  - Initial Health Assessment
  - Referral Follow-Up Care System

CCHP was found to have opportunities for improvement in the areas of qualified providers, program description and structure, administrative services and delegation of QIPs. As well, opportunities for improvement were also identified related to grievance systems, coordination of care outside the network and for special arrangements and initial health assessment. CCHP submitted corrective action plans to address opportunities for improvement identified by the State.

Summary of Access

Overall, access is an area where continued work towards improvement occurs. Combining all the data sources used to assess access; CCHP continuously identifies and attempts to address areas where the health plan displayed vulnerability in the area of access.

Timeliness At A Glance

Access to necessary health care and related services alone is insufficient in advancing the health status of Medi-Cal managed care enrollees. Equally important is the timely delivery of those services. The findings related to timeliness are revealed in the sections to follow.

HEDIS®

Timeliness of care is assessed using the results of the HEDIS Adolescent Well Care Visits and Well Child Visits in the First 15 Months of Life, as well as the DHS developed Blood Lead Level Testing measure. All Medi-Cal managed care plans were required to submit these measures.

Table 6: 2004 HEDIS Timeliness Measure Results for Contra Costa Health Plan

HEDIS Measure	2004 CCHP Rate	Medi Cal Managed Care Weighted Average	2004 National Medicaid HEDIS Average
Well Child Visits in the First 15 Months of Life - 6 or more visits	38.4%	48.7%	45.3%
Adolescent Well-Care Visits	31.1%	33.9%	37.4%
Follow-Up Rate for Children with elevated BLL at 24 Months	No Cases Reported	53.7%	N/A
Follow-Up Rate for Children with elevated BLL at 27 Months	No Cases Reported	33.1%	N/A

Both measures for timeliness fell below both the Medi-Cal managed care average and the National Medicaid HEDIS average. When looking at this data compared to the HEDIS childhood immunization results for CCHP, it is explicable that the rates are found to be low for both measures (Childhood Immunization Status versus Well Child Visits in the First 15 Months of Life- 6 or more visits). This may indicate that if practitioners performed more well child visits, the childhood immunization rates may be higher (and vice versa). This may indicate opportunities for improvement in the area of timeliness.

CAHPS®

Member satisfaction scores related to timeliness of services are addressed in two composite ratings calculated as part of the CAHPS survey: Courteous and Helpful Office Staff and Health Plan's Customer Service.

Table 7: 2004 CAHPS Timeliness Measure Results for Contra Costa Health Plan

CAHPS Measure	Population	2004 CCHP Rate	2004 Medi Cal Average
Courteous and Helpful Office Staff	Adult	51%	54%
	Child	56%	53%
	CSHCN	56%	N/A
	Non-CSHCN	53%	N/A
Health Plan's Customer Service	Adult	69%	70%
	Child	82%	82%
	CSHCN	79%	N/A
	Non-CSHCN	84%	N/A

Members' perception of courteous and helpful office staff generally impacts utilization of services. Contra Costa Health Plan adult members find office staff less helpful when compared to the general Medi-Cal population. This could explain the reason that CCHP scored below the Medi-Cal average in three of the five (60%) HEDIS quality measures. However, the CCHP child rate for this measure exceeded the Medi-Cal average (56% versus 53%). If staff is not perceived helpful or courteous, members may not feel able to get information needed to obtain care. It is noteworthy that parents of children with chronic care needs find office staff slightly more courteous and helpful than general Medi-Cal enrollees. This is important as the CSHCN population often requires more guidance from office staff in order to avoid crisis care management. Contra Costa Health Plan adult members generally find health plan customer services staff less helpful than the child and CSHCN population. This may be explainable due to the fact the CSHCN population is likely to require more information related to direct medical care. This information is likely to be better provided by the medical office staff.

Quality Improvement Projects

Timeliness was a focal area of attention in most of the QIPS. Member-focused efforts consisted of assuring that members were reminded of preventive services prior to the age range when the services are due. CCHP used a variety of mechanisms to address timeliness, including sending birthday card reminders, disseminating preventive health guidelines to members and clinicians and providing evidence-based literature to the practitioner network. Practitioner barriers related to timeliness issues address the lack of timely provision of care and/or services due to missed opportunities.

Issues related to timeliness of services may very likely be impacted by access. CCHP acknowledged the relationship between timeliness and access within the barrier analysis of the QIP where access was often identified as a barrier. If care or service cannot be obtained, timely provision of the needed service is unlikely. The interdependence of access and timeliness is further illustrated in all QIPs that are HEDIS-related and focus upon services received (access) as well as the timeframe in which the service was provided (timeliness).

Audit and Investigation (A&I) Findings

Delmarva's review of DHS/DMHC's plan survey activity from 2003 evidenced that the following review requirements were monitored and reflect adequate proxy measures for timeliness:

- Utilization Management
  - Prior Authorization Review Requirements
  - Prior Authorization Appeal Process
  - Pharmaceutical Services in Emergency Circumstances

DHS/DMHC assessed timeliness review requirements and made recommendations for improvement related to prior authorization review and appeal requirements as well as pharmaceutical services in emergency circumstances. CCHP implemented recommendations and corrective action to address deficiencies related to Timeliness Review Requirements as required by the State.

Summary for Timeliness

Timeliness barriers are often identified as access issues. CCHP addressed timeliness in many of the QIPs. Each HEDIS quality measure combines the receipt of the service with the timeframe for provision of the service. Both elements must be met to achieve compliance. Since most of the QIPS focus upon HEDIS-related topics and methodology, CCHP demonstrates an awareness of the importance of timeliness in the provision of overall quality care and service.

Overall Strengths

Quality:

- Commitment of CCHP management staff towards quality improvement as evidenced by the corrective action plans to address and resolve deficiencies cited during the audit and investigation reviews.
- Achievement of over half of the goals targeted in performance of the asthma QIP.
- General precise documentation within the QIP that defines the problem under study, indicator measures and the tri-focal approach (practitioners, members, health plan) to interventions taken to attain improvement followed by reassessment for improvement.

Access:

- CCHP scored above the Medi-Cal average for "Getting Care Quickly" in the childhood population.
- Recognition by CCHP that quality of care issues are impacted by access barriers.

Timeliness:

- CCHP scored above the Medi-Cal average for "helpful and courteous office staff" within the childhood population. One can infer that this attribute of the office staff is an asset to CCHP members in receiving care timely.
- Recognition of the interdependence of access and timeliness in improving overall care.

Recommendations

- Perform root cause analyses for project interventions that fail to improve performance. Develop strategies that optimize member participation in the selected activity.
- Conduct follow-up assessments of the perception of the intended audience receiving educational endeavors. Follow-up with practitioners and/or members to determine if educational materials were effective in attaining the desired behavior or outcome.
- Perform periodic monitoring within areas identified in the medical audit as deficient to make certain that the actions undertaken to correct the issues remain effective.
- Perform further investigation of low satisfaction areas identified by CAHPS.
- Assess the disparities in quality of care and/or services among differing ethnic populations within the managed care membership. Understanding this phenomenon will enable focused resource allocation.
- Perform interventions such as random sample surveys to understand if members' perceptions of their ability to receive care when needed has an impact upon the actual receipt of timely care or service.
- Coordinate activities between quality and provider relations staff to enhance the likelihood of compliance with timeliness standards.

Recommendations that have been implemented independent of the EQRO feedback should be viewed as information only and be continually monitored by the health plan for assessment of improvement to be included in next year's plan specific report.

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